

San Diego County Registrar of Voters
5600 Overland Ave
San Diego, CA 92123-1693
(858) 565-5800

INCIDENT REVIEW REQUEST
IMPORTANT: PLEASE TYPE OR PRINT THE INFORMATION ON THIS FORM

**NOTE: FILING A COMPLAINT MAY NOT RESULT IN RESOLUTION OF YOUR PROBLEM.
 YOU MAY NEED TO PURSUE THIS MATTER THROUGH THE COURTS.**

COMPLAINANT INFORMATION	Enter your full name, the phone number where you can be reached during the day, and your complete address. Please also provide a phone number where you can be reached during the evening. Sign your name and enter the date this form is completed.								
	<table style="width: 100%;"> <tr> <td style="width: 60%;">NAME</td> <td style="width: 40%;">DAYTIME PHONE # ()</td> </tr> <tr> <td>STREET ADDRESS OR PO BOX</td> <td>EVENING PHONE # ()</td> </tr> <tr> <td>CITY</td> <td>STATE ZIP CODE</td> </tr> <tr> <td>SIGNATURE</td> <td>DATE</td> </tr> </table>	NAME	DAYTIME PHONE # ()	STREET ADDRESS OR PO BOX	EVENING PHONE # ()	CITY	STATE ZIP CODE	SIGNATURE	DATE
NAME	DAYTIME PHONE # ()								
STREET ADDRESS OR PO BOX	EVENING PHONE # ()								
CITY	STATE ZIP CODE								
SIGNATURE	DATE								
COMPLAINT AGAINST, AND NATURE OF CONTACT WITH THIS BUSINESS, CAMPAIGN, PERSON	Provide the complete name, address, and area code & phone number of business, campaign or person(s). Check applicable box. Include name of person to whom you complained. <input type="checkbox"/> BUSINESS <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> PERSON MANNER IN WHICH CONTACT WAS MADE (e.g. encountered at shopping center, mail solicitation, etc.)								
	PERSON/BUSINESS/CAMPAIGN NAME								
	ADDRESS								
	CITY ZIP CODE PHONE NO. ()								
	Did you complain to the above person/candidate/business? If yes, please include the Name and Position of person to whom you complained. <input type="checkbox"/> YES <input type="checkbox"/> NO								
	How and When (e.g. by telephone on January 1, 2001)?								
	If no, explain reason you've not pursued this problem.								
	Have you filed a previous complaint against this business/campaign/person? If yes, when? Was the issue resolved to your satisfaction? <input type="checkbox"/> YES <input type="checkbox"/> NO WHEN? SATISFACTORILY RESOLVED? <input type="checkbox"/> YES <input type="checkbox"/> NO								
EXPLANATION OF COMPLAINT	Has this complaint been brought to the attention of another government agency? If so, to whom and when? 								

OVER

1. **Introduction:** The study aims to investigate the impact of the COVID-19 pandemic on the mental health of healthcare workers in the United States.

2. **Methodology:** A cross-sectional survey was conducted using a validated questionnaire to assess the mental health status of healthcare workers. The survey was distributed online and received responses from 1,200 healthcare workers across various medical facilities.

3. **Results:** The study found that a significant majority of healthcare workers (78%) reported experiencing symptoms of anxiety and depression during the COVID-19 pandemic. The most common symptoms reported were increased worry, difficulty concentrating, and feelings of isolation.

4. **Conclusion:** The findings highlight the profound impact of the COVID-19 pandemic on the mental health of healthcare workers. It is crucial for healthcare organizations to implement support mechanisms, such as counseling services and stress management programs, to address the mental health needs of their staff.

5. **Limitations:** The study's limitations include its cross-sectional design, which does not allow for the establishment of causality, and the potential for self-reporting bias in the questionnaire responses.

6. **Future Research:** Further research is needed to explore the long-term effects of the COVID-19 pandemic on the mental health of healthcare workers and to evaluate the effectiveness of various intervention strategies.

Mail all complaints to: **Registrar of Voters**
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